

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

ACCESS TO CARE INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES	Bench- mark State (healthiest)
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error			
Access to Primary Care Physician (population to physician ratio) [2003]	1,034:1	971:1	759:1	880:1	1,189:1	939:1	1,091:1	1,269:1	978:1	1,351:1 [2000]	MA 187.3 per 100,000 [2005]
Adults With No Health Insurance (percent) [2006]	6.3 (±7.4)	12.2 (± 8.5)	5.8 (± 4.4)	15.3 (± 8.5)	11.6 (± 5.8)	12.2 (± 7.8)	12.9 (± 6.0)	6.9 (± 6.7)	10.4 (± 2.6)	14.5 (median %)	MN 8.2
PUBLIC HEALTH PREPAREDNESS INDICATORS											
Hospitals with Pandemic Influenza Plan In Process or No Response (percent) [2007]	0	67	14	60	0	25	0	0	25	n/a	n/a
Hospitals with Draft Pandemic Influenza Plan Completed (percent) [2007]	0	33	14	40	50	75	20	33	35	n/a	n/a
Hospitals with Pandemic Influenza Plan Completed (percent) [2007]	100	0	72	0	50	0	80	67	40	n/a	n/a

SOURCES AND TECHNICAL NOTES

<p>There are three (3) DHHS Districts whose jurisdictional borders follow a single county [Aroostook, Cumberland, and York] and five (5) DHHS Health District jurisdictions that cover either 2, 3, or 4 counties [Central, Downeast, Midcoast, Penquis, Western Districts.]</p>	<p>Highlighted cells are those that may be significantly different than the state rate because the data fall outside the margin of error.</p>	<p>Race / ethnicity estimates herein reflect one type of Census format so that when a person of more than one race is counted, he or she is counted in more than one racial category. This will result in a total count higher than the actual total population count for the jurisdiction when it comes to race / ethnicity.</p>	<p>What is measured to compare disease burden by District is not always what should be measured to compare state to national data (which is not always age-adjusted.)</p>	<p>Differences in methodology for data calculations may be too great to directly compare District or State data with US or Benchmarking State data sets such as found in <i>Healthy People 2010</i>, or the Commonwealth, Kaiser, or United Health Foundation indicators ranking projects. They are still informative so they have been included.</p>	<p>Indicators change over time, especially those that depend in coding regulations, which themselves change.</p>	<p>Data for the single county Districts are sometimes calculated differently than those of multi-county Districts. For example, median ages are not comparable across Districts, but still provide useful information.</p>	<p>Many other complicated factors, such as when the population (Census) changes, means rates are not always comparable.</p>
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